**EOSB - 75** (8/19)

# **National Certification Examination Application**

Personal Information	Sponsoring Organization
NAME (Last, First, MI)	FIRE DEPARTMENT ID # COUNTY
TRAINING ID #:	SPONSORING ORGANIZATION
OR LAST 4 DIGITS OF SOCIAL SECURITY #:	STREET ADDRESS, PO BOX
DATE OF BIRTH	CITY STATE ZIP
HOME ADDRESS (Street, PO Box)	FD PHONE# FD E-MAIL or FAX
CITY STATE ZIP	NAME/TITLE - HEAD OF THE SPONSORING AGENCY
☐ CHECK IF NEW ADDRESS ☐ MALE ☐ FEM☐ CHECK IF 16 OR 17 YEARS OF AGE	
DAYTIME PHONE EVENING PHONE  FAX # E-MAIL ADDRESS	NOTE: The signature of the sponsoring agency authorized representative on this registration form indicates compliance with the information on the Training Authorization Letter (EOSB-1654), including attestation of medical clearance as per OSHA 1910.134 to use a respirator for those courses that require the use of SCBA. 16 or 17 year old students must also submit a Training Authorization Letter signed by a parent or guardian to participate in training at the Fire Academy.
■ I am requesting reasonable accomodation for the writer that the second state of the writer than the second state of the second	ten test. In order to apply, complete and submit the following form: www.dhses.ny.gov/ofpc/documents/forms/accommodations.pdf  the scheduled examination you would like to participate in:
- □ Acad	emy of Fire Science, Montour Falls, NY, Date:
Original exam date: NOTE: EXAM D	r Location:
ACADEMY ACCOMMODATIONS  You will be invoiced for your accommodations fees  Resident – includes meals & lodging - \$40/day  Commuter – includes breakfast & lunch - \$8/day  Commuter dinner - \$9/day (optional)	PREREQUISITE REQUIREMENTS  Proof of all required prerequisites MUST acccompany this registration form. For required prerequisites, go to www.dhses.ny.gov/ofpc/training/fire-academy/national-certifications.cfm
PLEASE SUBMIT APPLICATION AND THE REQUIRED	PROOF OF PREREQUISITES TO OFPC VIA ONE OF THE FOLLOWING:
<b>EMAIL:</b> ofpc.standards@dhses.ny.gov <b>FAX:</b> 518-474-3240	MAIL: OFPC Standards Unit State Office Campus 1220 Washington Avenue, Bldg 7A, Fl. 2 Albany, NY 12226
Office Use Only	

□ Prerequisite Met □ Candidate Not Eligible □ Other:

#### **Exam Numbers**

☐ Firefighter I - 75-5001 *	☐ Fire Service Instructor I - 75-5003
☐ Firefighter II - 75-5002 **	☐ Fire Service Instructor II - 75-5004
☐ Fire Officer I - 75-5005	☐ Fire Officer II - 75-5006
☐ Hazardous Materials First	☐ Fire Officer III - 75-5007
Responder Operations - 75-5111 ***	☐ Fire Investigator I - 75-5050
☐ Hazardous Materials Technician -	☐ Fire and Life Safety Educator I - 75-5040
75-5112 ***	☐ Incident Safety Officer - 75-5011
☐ Airport Firefighter - 75-5009 ***	☐ Fire Inspector I - 75-5020
PHOTO ID REQUIRED FOR ADMISSION TO ALL EXAMS	
* REQUIRES:	** REQUIRES:
1. LIVE FIRE SUPPRESSION FORM FF I	1. LIVE FIRE SUPPRESSION FORM FF II

- 1. <u>LIVE FIRE SUPPRESSION FORM FF I</u> (http://www.dhses.ny.gov/ofpc/documents/forms/ofpc1883.pdf)
- 2. CURRENT CPR CARD / AND CURRENT OR NONCURRENT FIRST AID CARD
- 3. BRING PPE/SCBA

- 1. <u>LIVE FIRE SUPPRESSION FORM FF II</u> (http://www.dhses.ny.gov/ofpc/documents/forms/ofpc1884.pdf)
- 2. BRING PPE/SCBA

#### \*\*\* REQUIRES:

1. BRING PPE/SCBA

### **Required Prerequisites**

Online, go to:

www.dhses.ny.gov/ofpc/training/fire-academy/national-certifications.cfm

NOTE: ANY CANDIDATE NOT MEETING PREREQUISITE REQUIREMENT WILL BE DENIED

# **Testament to Academic Integrity**

Academic dishonesty is defined as "an (intentional) act of deception" in one or more of the following areas: Cheating, Fabrication, Assisting and Tampering. Evidence of academic dishonesty within a NYS Office of Fire Prevention and Control (OFPC) testing environment will result in a failure, removal from the testing environment and ineligibility to access any future OFPC examination.

### Candidate's Signature:

## Reminders

Did you remember to:

- 1. Fully complete this form
- 2. Attach all pre-requisite documentation required for desired certification
- 3. Provide all appropriate signatures
- 4. Parental consent for 16 and 17 year olds EOSB-1654 (Training Authorization Form)

#### ALL INCOMPLETE APPLICATIONS WILL BE RETURNED